E2SHB 3139 - CONF REPT By Conference Committee

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Strike everything after the enacting clause and insert the 1 2 following:

"Sec. 1. RCW 51.52.050 and 2004 c 243 s 8 are each amended to read 3 4 as follows:

(1) Whenever the department has made any order, decision, or award, it shall promptly serve the worker, beneficiary, employer, or other person affected thereby, with a copy thereof by mail, which shall be addressed to such person at his or her last known address as shown by the records of the department. The copy, in case the same is a final order, decision, or award, shall bear on the same side of the same page on which is found the amount of the award, a statement, set in black faced type of at least ten point body or size, that such final order, decision, or award shall become final within sixty days from the date the order is communicated to the parties unless a written request for reconsideration is filed with the department of labor and industries, Olympia, or an appeal is filed with the board of industrial insurance appeals, Olympia((* PROVIDED, That)). However, a department order or decision making demand, whether with or without penalty, for repayment of sums paid to a provider of medical, dental, vocational, or other health services rendered to an industrially injured worker, shall state that such order or decision shall become final within twenty days from the date the order or decision is communicated to the parties unless a written request for reconsideration is filed with the department of labor and industries, Olympia, or an appeal is filed with the board of industrial insurance appeals, Olympia.

(2)(a) Whenever the department has taken any action or made any decision relating to any phase of the administration of this title the worker, beneficiary, employer, or other person aggrieved thereby may request reconsideration of the department, or may appeal to the board.

In an appeal before the board, the appellant shall have the burden of proceeding with the evidence to establish a prima facie case for the relief sought in such appeal((: PROVIDED, That)).

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(b) An order by the department awarding benefits shall become 4 effective and benefits due on the date issued. Subject to (b)(i) and 5 (ii) of this subsection, if the department order is appealed the order 6 shall not be stayed pending a final decision on the merits unless 7 ordered by the board. Upon issuance of the order granting the appeal, 8 the board will provide the worker with notice concerning the potential 9 of an overpayment of benefits paid pending the outcome of the appeal 10 and the requirements for interest on unpaid benefits pursuant to RCW 11 12 51.52.135. A worker may request that benefits cease pending appeal at 13 any time following the employer's motion for stay or the board's order granting appeal. The request must be submitted in writing to the 14 employer, the board, and the department. Any employer may move for a 15 stay of the order on appeal, in whole or in part. The motion must be 16 filed within fifteen days of the order granting appeal. The board 17 shall conduct an expedited review of the claim file provided by the 18 department as it existed on the date of the department order. The 19 board shall issue a final decision within twenty-five days of the 20 21 filing of the motion for stay or the order granting appeal, whichever is later. The board's final decision may be appealed to superior court 22 in accordance with RCW 51.52.110. The board shall grant a motion to 23 24 stay if the moving party demonstrates that it is more likely than not to prevail on the facts as they existed at the time of the order on 25 26 appeal. The board shall not consider the likelihood of recoupment of 27 benefits as a basis to grant or deny a motion to stay. If a self-insured employer prevails on the merits, any benefits paid may be 28 recouped pursuant to RCW 51.32.240. 29

(i) If upon reconsideration requested by a worker or medical provider, the department has ordered an increase in a permanent partial disability award from the amount reflected in an earlier order, the award reflected in the earlier order shall not be stayed pending a final decision on the merits. However, the increase is stayed without further action by the board pending a final decision on the merits.

(ii) If any party appeals an order establishing a worker's wages or the compensation rate at which a worker will be paid temporary or

permanent total disability or loss of earning power benefits, the
worker shall receive payment pending a final decision on the merits
based on the following:

- (A) When the employer is self-insured, the wage calculation or compensation rate the employer most recently submitted to the department; or
- (B) When the employer is insured through the state fund, the highest wage amount or compensation rate uncontested by the parties.

Payment of benefits or consideration of wages at a rate that is higher than that specified in (b)(ii)(A) or (B) of this subsection is stayed without further action by the board pending a final decision on the merits.

- (c) In an appeal from an order of the department that alleges willful misrepresentation, the department or self-insured employer shall initially introduce all evidence in its case in chief. Any such person aggrieved by the decision and order of the board may thereafter appeal to the superior court, as prescribed in this chapter.
- **Sec. 2.** RCW 51.32.240 and 2004 c 243 s 7 are each amended to read 19 as follows:
 - (1)(a) Whenever any payment of benefits under this title is made because of clerical error, mistake of identity, innocent misrepresentation by or on behalf of the recipient thereof mistakenly acted upon, or any other circumstance of a similar nature, all not induced by willful misrepresentation, the recipient thereof shall repay it and recoupment may be made from any future payments due to the recipient on any claim with the state fund or self-insurer, as the case may be. The department or self-insurer, as the case may be, must make claim for such repayment or recoupment within one year of the making of any such payment or it will be deemed any claim therefor has been waived.
- 31 (b) Except as provided in subsections (3), (4), and (5) of this 32 section, the department may only assess an overpayment of benefits 33 because of adjudicator error when the order upon which the overpayment 34 is based is not yet final as provided in RCW 51.52.050 and 51.52.060.
 35 "Adjudicator error" includes the failure to consider information in the 36 claim file, failure to secure adequate information, or an error in judgment.

(c) The director, pursuant to rules adopted in accordance with the procedures provided in the administrative procedure act, chapter 34.05 RCW, may exercise his <u>or her</u> discretion to waive, in whole or in part, the amount of any such timely claim where the recovery would be against equity and good conscience.

- (2) Whenever the department or self-insurer fails to pay benefits because of clerical error, mistake of identity, or innocent misrepresentation, all not induced by recipient willful misrepresentation, the recipient may request an adjustment of benefits to be paid from the state fund or by the self-insurer, as the case may be, subject to the following:
- (a) The recipient must request an adjustment in benefits within one year from the date of the incorrect payment or it will be deemed any claim therefore has been waived.
- (b) The recipient may not seek an adjustment of benefits because of adjudicator error. Adjustments due to adjudicator error are addressed by the filing of a written request for reconsideration with the department of labor and industries or an appeal with the board of industrial insurance appeals within sixty days from the date the order is communicated as provided in RCW 51.52.050. "Adjudicator error" includes the failure to consider information in the claim file, failure to secure adequate information, or an error in judgment.
- (3) Whenever the department issues an order rejecting a claim for benefits paid pursuant to RCW 51.32.190 or 51.32.210, after payment for temporary disability benefits has been paid by a self-insurer pursuant to RCW 51.32.190(3) or by the department pursuant to RCW 51.32.210, the recipient thereof shall repay such benefits and recoupment may be made from any future payments due to the recipient on any claim with the state fund or self-insurer, as the case may be. The director, under rules adopted in accordance with the procedures provided in the administrative procedure act, chapter 34.05 RCW, may exercise discretion to waive, in whole or in part, the amount of any such payments where the recovery would be against equity and good conscience.
- (4) Whenever any payment of benefits under this title has been made pursuant to an adjudication by the department or by order of the board or any court and timely appeal therefrom has been made where the final decision is that any such payment was made pursuant to an erroneous

adjudication, the recipient thereof shall repay it and recoupment may be made from any future payments due to the recipient on any claim ((with the state fund or self-insurer, as the case may be)) whether state fund or self-insured.

- (a) The director, pursuant to rules adopted in accordance with the procedures provided in the administrative procedure act, chapter 34.05 RCW, may exercise ((his)) discretion to waive, in whole or in part, the amount of any such payments where the recovery would be against equity and good conscience. However, if the director waives in whole or in part any such payments due a self-insurer, the self-insurer shall be reimbursed the amount waived from the self-insured employer overpayment reimbursement fund.
- (b) The department shall collect information regarding self-insured claim overpayments resulting from final decisions of the board and the courts, and recoup such overpayments on behalf of the self-insurer from any open, new, or reopened state fund or self-insured claims. The department shall forward the amounts collected to the self-insurer to whom the payment is owed. The department may provide information as needed to any self-insurers from whom payments may be collected on behalf of the department or another self-insurer. Notwithstanding RCW 51.32.040, any self-insurer requested by the department to forward payments to the department pursuant to this subsection shall pay the department directly. The department shall credit the amounts recovered to the appropriate fund, or forward amounts collected to the appropriate self-insurer, as the case may be.
 - (c) If a self-insurer is not fully reimbursed within twenty-four months of the first attempt at recovery through the collection process pursuant to this subsection and by means of processes pursuant to subsection (6) of this section, the self-insurer shall be reimbursed for the remainder of the amount due from the self-insured employer overpayment reimbursement fund.
 - (d) For purposes of this subsection, "recipient" does not include health service providers whose treatment or services were authorized by the department or self-insurer.
- (e) The department or self-insurer shall first attempt recovery of overpayments for health services from any entity that provided health insurance to the worker to the extent that the health insurance entity

1 would have provided health insurance benefits but for workers'
2 compensation coverage.

- (5)(a) Whenever any payment of benefits under this title has been induced by willful misrepresentation the recipient thereof shall repay any such payment together with a penalty of fifty percent of the total of any such payments and the amount of such total sum may be recouped from any future payments due to the recipient on any claim with the state fund or self-insurer against whom the willful misrepresentation was committed, as the case may be, and the amount of such penalty shall be placed in the supplemental pension fund. Such repayment or recoupment must be demanded or ordered within three years of the discovery of the willful misrepresentation.
- (b) For purposes of this subsection (5), it is willful misrepresentation for a person to obtain payments or other benefits under this title in an amount greater than that to which the person otherwise would be entitled. Willful misrepresentation includes:
 - (i) Willful false statement; or

- (ii) Willful misrepresentation, omission, or concealment of any material fact.
- (c) For purposes of this subsection (5), "willful" means a conscious or deliberate false statement, misrepresentation, omission, or concealment of a material fact with the specific intent of obtaining, continuing, or increasing benefits under this title.
- (d) For purposes of this subsection (5), failure to disclose a work-type activity must be willful in order for a misrepresentation to have occurred.
- (e) For purposes of this subsection (5), a material fact is one which would result in additional, increased, or continued benefits, including but not limited to facts about physical restrictions, or work-type activities which either result in wages or income or would be reasonably expected to do so. Wages or income include the receipt of any goods or services. For a work-type activity to be reasonably expected to result in wages or income, a pattern of repeated activity must exist. For those activities that would reasonably be expected to result in wages or produce income, but for which actual wage or income information cannot be reasonably determined, the department shall impute wages pursuant to RCW 51.08.178(4).

(6) The worker, beneficiary, or other person affected thereby shall have the right to contest an order assessing an overpayment pursuant to this section in the same manner and to the same extent as provided under RCW 51.52.050 and 51.52.060. In the event such an order becomes final under chapter 51.52 RCW and notwithstanding the provisions of subsections (1) through (5) of this section, the director, director's designee, or self-insurer may file with the clerk in any county within the state a warrant in the amount of the sum representing the unpaid overpayment and/or penalty plus interest accruing from the date the order became final. The clerk of the county in which the warrant is filed shall immediately designate a superior court cause number for such warrant and the clerk shall cause to be entered in the judgment docket under the superior court cause number assigned to the warrant, the name of the worker, beneficiary, or other person mentioned in the warrant, the amount of the unpaid overpayment and/or penalty plus interest accrued, and the date the warrant was filed. The amount of the warrant as docketed shall become a lien upon the title to and interest in all real and personal property of the worker, beneficiary, or other person against whom the warrant is issued, the same as a judgment in a civil case docketed in the office of such clerk. sheriff shall then proceed in the same manner and with like effect as prescribed by law with respect to execution or other process issued against rights or property upon judgment in the superior court. warrant so docketed shall be sufficient to support the issuance of writs of garnishment in favor of the department or self-insurer in the manner provided by law in the case of judgment, wholly or partially unsatisfied. The clerk of the court shall be entitled to a filing fee under RCW 36.18.012(10), which shall be added to the amount of the A copy of such warrant shall be mailed to the worker, beneficiary, or other person within three days of filing with the clerk.

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The director, director's designee, or self-insurer may issue to any person, firm, corporation, municipal corporation, political subdivision of the state, public corporation, or agency of the state, a notice to withhold and deliver property of any kind if there is reason to believe that there is in the possession of such person, firm, corporation, municipal corporation, political subdivision of the state, public corporation, or agency of the state, property that is due, owing, or

belonging to any worker, beneficiary, or other person upon whom a 1 2 warrant has been served for payments due the department or self-The notice and order to withhold and deliver shall be served 3 by certified mail accompanied by an affidavit of service by mailing or 4 5 served by the sheriff of the county, or by the sheriff's deputy, or by any authorized representative of the director, director's designee, or 6 7 self-insurer. Any person, firm, corporation, municipal corporation, political subdivision of the state, public corporation, or agency of 8 the state upon whom service has been made shall answer the notice 9 within twenty days exclusive of the day of service, under oath and in 10 writing, and shall make true answers to the matters inquired or in the 11 12 notice and order to withhold and deliver. In the event there is in the 13 possession of the party named and served with such notice and order, 14 any property that may be subject to the claim of the department or self-insurer, such property shall be delivered forthwith to the 15 16 director, the director's authorized representative, or self-insurer 17 If the party served and named in the notice and order fails to answer the notice and order within the time prescribed in this 18 section, the court may, after the time to answer such order has 19 expired, render judgment by default against the party named in the 20 21 notice for the full amount, plus costs, claimed by the director, 22 director's designee, or self-insurer in the notice. In the event that a notice to withhold and deliver is served upon an employer and the 23 24 property found to be subject thereto is wages, the employer may assert 25 in the answer all exemptions provided for by chapter 6.27 RCW to which the wage earner may be entitled. 26

This subsection shall only apply to orders assessing an overpayment which are issued on or after July 28, 1991: PROVIDED, That this subsection shall apply retroactively to all orders assessing an overpayment resulting from fraud, civil or criminal.

- 31 (7) Orders assessing an overpayment which are issued on or after 32 July 28, 1991, shall include a conspicuous notice of the collection methods available to the department or self-insurer. 33
- 34 NEW SECTION. Sec. 3. A new section is added to chapter 51.32 RCW to read as follows: 35
- 36 (1) Except as provided in subsection (2) of this section, each self-insured employer shall retain from the earnings of each of its 37

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- workers that amount as shall be fixed from time to time by the 1 2 director, the basis for measuring said amount to be determined by the These moneys shall only be retained from employees and 3 remitted to the department in such manner and at such intervals as the 4 department directs and shall be placed in the self-insured employer 5 overpayment reimbursement fund. The moneys so collected shall be used 6 7 exclusively for reimbursement to the reserve fund and to self-insured employers for benefits overpaid during the pendency of board or court 8 appeals in which the self-insured employer prevails and has not 9 10 recovered, and shall be no more than necessary to make such payments on a current basis. 11
- 12 (2) None of the amount assessed for the employer overpayment 13 reimbursement fund under this section may be retained from the earnings 14 of workers covered under RCW 51.16.210.
- NEW SECTION. Sec. 4. A new section is added to chapter 51.44 RCW to read as follows:
- 17 The self-insured employer overpayment reimbursement fund is created in the custody of the state treasurer. Expenditures from the account 18 may be used only for reimbursing the reserve fund and self-insured 19 20 employers for benefits overpaid during the pendency of board or court 21 appeals in which the self-insured employer prevails and has not recovered. Only the director or the director's designee may authorize 22 23 expenditures from the account. The account is subject to allotment 24 procedures under chapter 43.88 RCW, but an appropriation is not required for expenditures. 25
- NEW SECTION. Sec. 5. A new section is added to chapter 51.52 RCW to read as follows:
 - (1) The department shall study appeals of workers' compensation cases and collect information on the impacts of this act on state fund and self-insured workers and employers. The study shall consider the types of benefits that may be paid pending an appeal, and shall include, but not be limited to:
 - (a) The frequency and outcomes of appeals;

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34 (b) The duration of appeals and any procedural or process changes 35 made by the board to implement this act and expedite the process;

- 1 (c) The number of and amount of overpayments resulting from 2 decisions of the board or court; and
- 3 (d) The processes used and efforts made to recoup overpayments and 4 the results of those efforts.
 - (2) State fund and self-insured employers shall provide the information requested by the department to conduct the study.
- 7 (3) The department shall report to the workers' compensation advisory committee by July 1, 2009, on the preliminary results of the 8 9 study. By December 1, 2009, and annually thereafter, with the final report due by December 1, 2011, the department shall report to the 10 workers' compensation advisory committee and the appropriate committees 11 of the legislature on the results of the study. The workers' 12 13 compensation advisory committee shall provide its recommendations for addressing overpayments resulting from this act, including the need for 14 and ability to fund a permanent method to reimburse employer and state 15 16 fund overpayment costs.
- NEW SECTION. Sec. 6. Section 2 of this act takes effect January 18 1, 2009.
- 19 <u>NEW SECTION.</u> **Sec. 7.** This act applies to orders issued on or 20 after the effective date of this section."

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On page 9, line 18 of the title amendment, after "insert" strike the remainder of the title amendment and insert "amending RCW 51.52.050 and 51.32.240; adding a new section to chapter 51.32 RCW; adding a new section to chapter 51.44 RCW; adding a new section to chapter 51.52 RCW; creating a new section; and providing an effective date."

--- END ---